State of South Dakota

SEVENTY-FIFTH SESSION LEGISLATIVE ASSEMBLY, 2000

256D0148

SENATE BILL NO. 97

Introduced by: Senators Halverson, Brown (Arnold), Dennert, Lange, Lawler, Madden, Reedy, Rounds, and Symens and Representatives Diedrich (Larry), Apa, Clark, Engbrecht, Hennies, Slaughter, Sutton (Daniel), and Volesky

- 1 FOR AN ACT ENTITLED, An Act to revise the definition of indigent by design for purposes
- 2 of county poor relief.

6

7

8

9

10

11

12

13

14

15

16

- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:
- 4 Section 1. That § 28-13-27 be amended to read as follows:
- 5 28-13-27. Terms used in this chapter mean:
 - (1) "Actual cost of hospitalization," the actual cost to a hospital of providing hospital services to a medically indigent person, determined by applying the ratios of costs to charges appearing on the statement of costs required in § 28-13-28 to charges at the hospital in effect at the time the hospital services are provided;
 - (2) "Emergency hospital services," treatment in the most appropriate hospital available to meet the emergency need. The physician, physician assistant, or nurse practitioner on duty or on call at the hospital must determine whether the individual requires emergency hospital care. The need for emergency hospital care is established if the absence of emergency care is expected to result in death, additional serious jeopardy to the individual's health, serious impairment to the individual's bodily functions, or serious dysfunction of any bodily organ or part. The term does not include care for

- 2 - SB 97

1		which	treatment is available and routinely provided in a clinic or physician's office;
2	(3)	"Hosp	pital," any hospital licensed as such by the state in which it is located;
3	(4)	"Hous	sehold," the patient, minor children of the patient living with the patient, and
4		anyon	e else living with the patient to whom the patient has the legal right to look for
5		suppo	rt;
6	(5)	"None	emergency care," hospitalization which is medically necessary and recommended
7		by a p	physician licensed under chapter 36-4 but does not require immediate care or
8		attenti	ion;
9	(6)	"Indig	gent by design," an individual who meets any one of the following criteria:
10		(a)	Is able to work but has chosen not to work;
11		(b)	Is a student at a postsecondary institution who has chosen not to purchase
12			health insurance;
13		(c)	Has failed to purchase <u>or elect major medical</u> health insurance which was <u>or</u>
14			<u>health benefits</u> made available through the individual's employer an employer-
15			based health benefit plan;
16		<u>(d)</u>	Has failed to purchase available major medical health insurance although the
17			individual was insurable and was financially able, pursuant to section 2 of this
18			Act, to purchase the insurance. For purposes of this subdivision, an individual
19			is presumed insurable unless the individual can produce sufficient evidence to
20			show that the individual was declined major medical insurance by an insurance
21			company and the individual did not qualify for any guarantees of major medical
22			insurance available through any legal or contractual right that was not
23			exercised; or
24		(d)(e)	Has transferred resources for purposes of establishing eligibility for medical
25			assistance available under the provisions of this chapter. The lookback period

- 3 - SB 97

1		for making this determination includes the thirty-six month period immediately		
2		prior to the onset of the individual's illness and continues through the period		
3		of time for which the individual is requesting services.		
4	Section	on 2. That chapter 28-13 be amended by adding thereto a NEW SECTION to read as		
5	follows:			
6	For p	surposes of subsection 28-13-27(6)(d), when determining whether the household was		
7	financiall	ly able to purchase health insurance which would have covered the medical costs the		
8	county is being requested to pay, the county shall use the following methodology:			
9	(1)	Determine the household's income and resources according to §§ 28-13-32.7 and		
10		28-13-32.8;		
11	(2)	Determine the household's contributions for taxes, social security, medicare, and		
12		payments to other standard retirement programs according to subdivision		
13		28-13-32.9(1);		
14	(3)	Except for the medical expenses for which the household is requesting assistance,		
15		determine the household's expenses according to subdivision 28-13-32.9(2);		
16	(4)	Determine the amount of the household's discretionary income by subtracting the sum		
17		of the household's contributions and expenses from the household's income. Divide		
18		the amount of the household's discretionary income in half. The result added to the		
19		household's adjusted resources determined according to § 28-13-32.8 equals the		
20		household's discretionary income that was available to purchase health insurance;		
21	(5)	Subtract the amount of the monthly health insurance premium that was available to		
22		the household if known or, if unknown, an estimate of the premium the household		
23		could be expected to incur. For purposes of this subdivision, the county shall establish		
24		such estimate either by obtaining premium estimates from two major medical		
25		insurance carriers doing business in the state or by using an estimate based on the rate		

- 4 - SB 97

data provided to the county by the Division of Insurance of the Department of
Commerce and Regulation. The policy used shall have a benefit design that equals or
exceeds the benefit design of the basic benefit plan as developed by the Health Benefit
Plan Committee pursuant to § 58-18B-32. If the result is a negative number, the
health insurance was not affordable. If the result is a positive number, health insurance
was affordable and the individual is considered to be indigent by design.